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Revised: March 1, 1998

# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory:	<b>ARKANSAS</b>
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		State, Territor	y. Aldianoas
		CASE MA	NAGEMENT
	Target Group:		
	are at risk of deling Services, Division o	uency as evidenced by be	d to children who are Medicaid recipients age 0-20 who ing in the care or custody of the Department of Human or under the care of a designated provider (specified by nt.
G.	Non-Duplication of	Payment (Continued):	
	management servi groups, the provid unnecessary duplic	ces from another agency er agency will ensure tha	dentified target population are receiving targeted case as a result of being members of other covered targe t case management activities are coordinated to avoidate assures that it will not seek Federal matching for the ve.
			STATE CONKANDON  DATE REC'D VILLIAR  DATE APPV'D YIZILAR  DATE EFF 31/14R  HCFA 179 98-01  SUPERSEDES: TN. 9M-20
	onder TNI No		Effective Date
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Revised: November 1, 1997

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: ARKANSAS

**CASE MANAGEMENT** 

RESERVED

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SUPERSEDES: TN - 42-39

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Revised: November 1, 1997

# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: ARKANSAS

**CASE MANAGEMENT** 

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SUPERSEDES: TN - 92-39

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Revised: November 1, 1997

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: ARKANSAS

**CASE MANAGEMENT** 

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DATE EFF \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
HCFA 179 97-20	

SUPERSEDES: TN - 92-39

State Agency

Supplement 1 to Attachment 3.1-A

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Revised: November 1, 1997

### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: ARKANSAS

**CASE MANAGEMENT** 

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HCFA 179 94-20

SUPERSEDES: TN - 92-39

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Revised: January 1, 1998

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: ARKANSAS

## **CASE MANAGEMENT**

A.	Target Group:									
	at risk	service will be reimbursed when provided to c of abuse or neglect or are abused or neglect man Services, Division of Children and Fa	cted children and are in the care or custody							
<del>B</del> .	Areas of State in which services will be provided:									
	[x]	Entire State.								
	[]	Only in the following geographic areas (a services less than Statewide.	authority of section 1915(g)(1) of the Act) is	invoked to provide						
C.	Comp	parability of Services:								
	[]	Services are provided in accordance wit	h section 1902(a)(10)(B) of the Act.							
	[x]	[x] Services are not comparable in amount, duration and scope. Authority of section 1915(g)(1) is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.								
D.	Definition of Services:									
	neede	eted case management services are thosed medical, social, educational, and other gement assistance includes the following	r services appropriate to the needs of the							
	1. <u>Client Intake</u> through identifying programs appropriate for the individual's needs, and providing assistance to the individual in accessing those programs.									
	2. <u>Assessment</u> of the recipients family/community circumstances and service needs in order to coordinate the identification, accessing and the delivery of services.									
	3.		giver and other parties, as appropriate to neet the recipient's needs and how th	•						
TN No.	•	Approval Date								
Supersedes TN No. 43-14			DATE APPLYD Apply 1, 1998 DATE EFF January 1, 1998 HEEL JANUARY 1, 1998	A						

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### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: ARKANSAS

### **CASE MANAGEMENT**

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This service will be reimbursed when provided to children who are Medicaid recipients age 0-20 who are either at risk of abuse or neglect or are abused or neglected children and or in the care or custody of the Department of Human Services, Division of Children and Family Services (DCFS).

### D. Definition of Services (Continued):

- 4. <u>Service Coordination and Monitoring</u> through linkage, referral, coordination, facilitation, documentation and recipient specific advocacy to ensure the recipients access to the care, services and resources identified in the case plan. This is accomplished by personal, written or electronic contacts with the recipient, his/her family or caregiver, service providers and other interested parties.
- 5. <u>Case Plan Reassessment</u> will be periodically conducted to determine and document whether or not medical, social, educational or other services continue to be adequate to meet the goals identified in the case plan. Activities include assisting recipients to access different medical, social, educational or other needed care and services beyond those already identified and provided.

### E. Qualification of Providers:

Case management services will be provided only through qualified provider agencies. Qualified case management services provider agencies must meet the following criteria:

- Have full access to all pertinent records concerning the child's needs for services including records of the Arkansas Family Courts and the State Child Welfare and Protection Agency,
- Must ensure 24-hour availability of case management services and continuity of those services,
- Have established referral systems and demonstrated linkages and referral ability with community resources required by the target population,
- Have a minimum of five years experience in provide all core elements of case management services to the target populations,
- Have an administrative capacity to ensure quality of services in accordance with State and Federal requirements,

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#### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: ARKANSAS

#### CASE MANAGEMENT

Target Group:

This service will be reimbursed when provided to children who are Medicaid recipients age 0-20 who are either at risk of abuse or neglect or abused or neglected children and are in the care or custody of the Department of Human Services, Division of Children and Family Services (DCFS).

### E. Qualification of Providers (Continued):

- Have a financial management capacity and system that provides documentation of services and costs in accordance with OMB A-87 principles,
- Have a capacity to document and maintain individual case records in accordance with State and Federal requirements, and
- Have a demonstrated ability to meet all State and Federal laws governing the participation of providers in the State Medicaid program, including the ability to meet Federal and State requirements for documentation, billing and audits.

Individual case managers working for provider agencies must meet the following minimum qualifications:

- have a minimum of a bachelor's degree in social work, sociology, psychology or a related field,
   and
- function under a supervisor who, at minimum possesses the formal education equivalent of a bachelor's degree in social work, sociology, or a related field; plus four years experience in child welfare or human services.

### F. Freedom of Choice:

The State assures that the provision of case management services to children in the care or custody of the Division of Children and Family Services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

 Eligible recipients will have free choice of the qualified providers of case management services.

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#### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory:	<b>ARKANSAS</b>
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#### **CASE MANAGEMENT**

Target Group:					 	

This service will be reimbursed when provided to children who are Medicaid recipients age 0-20 who are either at risk of abuse or neglect or are abused or neglected children and are in the care or custody of the Department of Human Services, Division of Children and Family Services (DCFS).

## F. Freedom of Choice (Continued):

• Eligible recipients will have free choice of the providers of other medical care as covered elsewhere under the Plan.

## G. Non-Duplication of Payment:

Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose. To the extent any eligible recipients in the identified target population are receiving targeted case management services from another provider agency as a result of being members of other covered target groups, the provider agency will ensure that case management activities are coordinated to avoid unnecessary duplication of services and the State assures that it will not seek Federal matching for the case management services that are duplicative.

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Supersedes TN No.	93-14	DATE REC'D January 6, 1998 DATE APPVID CAPAID 1, 1998 DATE EFF January 1, 1998 HICHA 179 94-23